



DATE 12/12/2017	DOCUMENT ID 201734503594	DESCRIPTION Business Trust Assignment (BSA)	FILING 25.00	EXPED 100.00	CERT 0.00	COPY 0.00
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Receipt

This is not a bill. Please do not remit payment.

STARK COUNTY COMMISSIONERS
110 CENTRAL PLAZA SOUTH, SUITE 240
CANTON, OH 44702

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

4073882

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

UNITED STATES FEDERAL RESERVE SYSTEM

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

Business Trust Assignment

201734503594

Effective Date: 12/08/2017



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
12th day of December, A.D. 2017.

Ohio Secretary of State

Form 544 Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 468-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43218

Expedite Filing (two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43218

For screen readers, follow instructions located at this path.

**Application for Exclusive Right to Name of Business Trust
and Transfer of Business Trust Name**
Form Must Be Typed

Z
J
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C
-
8
A
M
8:02

(1) Application for Exclusive Right to
Name a Business Trust (118-BTN)
Filing Fee \$50.00

(2) Transfer of Business Trust Name
(119-BSA)
Filing Fee \$25.00

Any business trust that has not made the filings described under section 1746.04 of the Revised Code may submit a written application for the exclusive right to use a specified name as the name of such business trust. The right so obtained may be transferred by the applicant by the filing of a written transfer stating the name and address of the transferee.

If box (1) is checked above, please complete the following information

Business Trust Name to be Registered

Applicant's Address

Mailing Address

City

State

ZIP Code

If box (2) is checked above, please complete the following information

Registration Number of Name Being Transferred

4073882

New Applicant's Name

STARK COUNTY GOVERNMENT

New Applicant's Address

110 CENTRAL PLAZA SOUTH

Mailing Address

CANTON

City

Ohio



44702

State

ZIP Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized officer of the business trust.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

UNITED STATES FEDERAL RESERVE SYSTEM

Signature

JPMorgan Chase Bank, National Association (2118141)

By (if applicable)

JPMORGAN CHASE BANK, NATIONAL ASSOCIATION (2118141)

Print Name

THE FEDERAL RESERVE BANK OF FITE & CO. HOLDINGS

Signature

Christopher Eric Fite LLC (3888559)

By (if applicable)

CHRISTOPHER ERIC FITE LLC (3888559)

Print Name

SAO 132 (Rev. 12/03) Exemplification Certificate

UNITED STATES DISTRICT COURT

For the

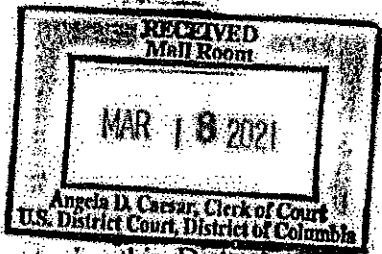
District of

District of Columbia

EXEMPLIFICATION CERTIFICATE

I, Angela D. Caesar, Clerk of this United States District Court,
keeper of the records and seal, certify that the attached documents:

Copy of Certified Green Card Serves as CRIMINAL BOND in the amount of \$104,799,059.54.



are true copies of records of this Court.

In testimony whereof I sign my name and affix the seal of this Court, in this District, at
Washington

on 3/18/2021CityDateClerk(By) Deputy Clerk

I, Carl J. Nichols, a Judicial Officer of this Court,
certify that Angela D. Caesar, named above, is and was on the date noted,
Clerk of this Court, duly appointed and sworn, and keeper of the records and seal, and that this certificate, and
the attestation of the record, are in accordance with the laws of the United States.

DateSignature of JudgeJudicial OfficerTitle

I, Angela D. Caesar, Clerk of this United States District Court,
keeper of the seal, certify that the Honorable Carl J. Nichols,
Judge,

named above, is and was on the date noted a Judicial Officer of this Court, duly appointed, sworn and qualified,
and that I am well acquainted with the Judge's official signature and know and certify the above signature
to be that of the Judge.

In testimony whereof I sign my name, and affix the seal of this Court at
Washington

District of Columbia

in this State, on 3/18/2021CityDateClerk(By) Deputy Clerk

Case 1:21-cv-00596-CJN Document 3-1 Filed 03/18/21 Page 1 of 2

CR-B

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Department of Justice
 Attorney General
 950 Pennsylvania Ave. NW
 Washington, DC 20530



9590 9402 4651 8323 0225 36

2. Article Number (Standard form number)

EE 332 410 739 US

PS FORM 111, July 2010 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

MAR 12 2021

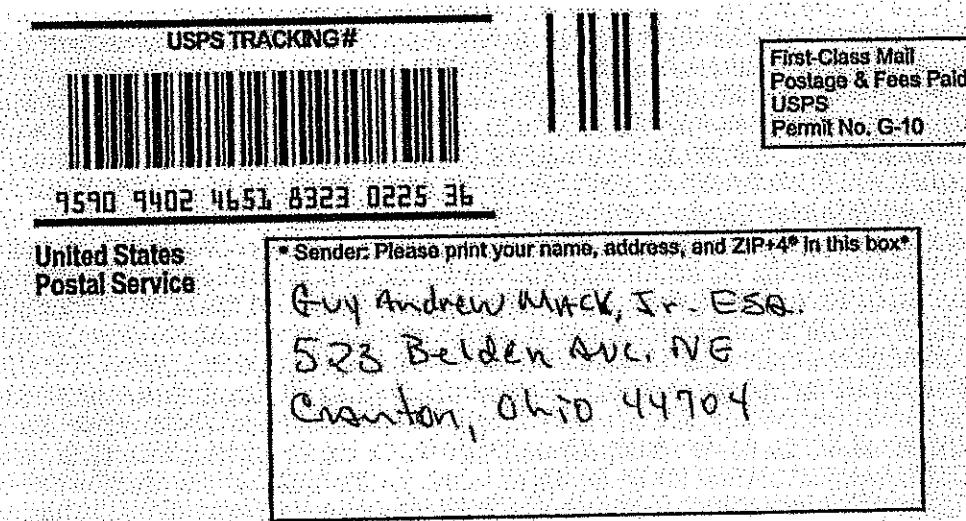
3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

Case 1:21-cv-00596-CJN Document 3-1 Filed 03/18/21 Page 2 of 2

CR-B



DOC ID ----> 201916803140



DATE 06/18/2019	DOCUMENT ID 201916803140	DESCRIPTION FICTIONAL NAME REGISTRATION (NFO)	FILING 39.00	EXPED 100.00	CERT 0.00	COPY 0.00
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Receipt

This is not a bill. Please do not remit payment.

CHRISTOPHER FITE
523 BELDEN AVENUE NE
CANTON, OH 44704

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Frank LaRose

4348937

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THE FEDERAL RESERVE BANK OF FITE & CO. HOLDINGS

and, that said business records show the filing and recording of:

Document(s)

FICTIONAL NAME REGISTRATION

Effective Date: 06/17/2019

Document No(s):

201916803140

Expiration Date:

06/17/2024

BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM
 180 EAST BROAD STREET
 COLUMBUS, OH 43215



United States of America
 State of Ohio
 Office of the Secretary of State

Witness my hand and the seal of the
 Secretary of State at Columbus, Ohio this
 18th day of June, A.D. 2019.

Ohio Secretary of State

Form 534A Prescribed by:

OFFICE OF THE
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov

Busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

2019 FORM 534A

Name Registration

Filing Fee: \$39

Form Must Be Typed

CHECK ONLY ONE (1) Box

Trade Name
(167-RNO)

Date of first use:

MM/DD/YYYY

Fictitious Name
(169-NFO)

THE FEDERAL RESERVE BANK OF FITE & CO. HOLDINGS

Name being Registered or Reported

BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM

Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (if registered with Ohio Secretary of State): **4340726**

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

TO EXPROPRIATE PRIVATE PROPERTY FOR PUBLIC USE IN THE ERECTION OF THE FEDERAL RESERVE BANK OF FITE & CO. HOLDINGS WITH ALIEN LAND REGISTRATION LR 1248 ON LAWFUL CONVEYANCE; WHO SELLS COLLATERALIZE DEBT OBLIGATIONS TO JPMORGAN CHASE BANK, NATIONAL ASSOCIATION (2118141) AT A DISCOUNT; VIA INTERNATIONAL WIRE TRANSFER FOR LIABILITY INSURANCE AGAINST THE PUBLIC DEBT; I.E. FEDERAL RESERVE NOTE(S) AND TO EXERCISE FRACTIONAL RESERVE BANKING IN REPAYMENT OF OBLIGATIONS OF THE UNITED STATES.

Business address:

180 EAST BROAD STREET

Mailing Address

COLUMBUS

City

OHIO

State

43215

ZIP Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name

[Redacted]
[Redacted]
[Redacted]

Address

[Redacted]
[Redacted]
[Redacted]

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Application must be signed by the registrant or an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

THE FEDERAL RESERVE BANK OF FIFTEEN CO. HOLDINGS
Signature

Board of Governors of the Federal Reserve System
By (if applicable)

BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

**GUY ANDREW MACK, JR.
FEDERAL RESERVE BANK OF CHICAGO
230 S. LASALLE STREET
CHICAGO, IL 60604**

**SECURITIES ISSUER NO. G33441588
APPROVED**

PAY TO THE
ORDER OF STARK COUNTY GOVERNMENT \$104,799,000.00

\$104,799;000.00

ONE HUNDRED FOUR MILLION SEVEN HUNDRED NINETY NINE THOUSAND AND ~~00~~/₁₀₀ DOLLARS.



TM REG #4461013

MEMO PRIVATE CHARGEBACK ITEM

FICTITIOUS REG #4348937

FEDERAL RESERVE BANK OF CHICAGO

THIS NOTE IS LEGAL TENDER FOR ALL DEBTS
PUBLIC AND PRIVATE PURSUANT TO §§ 3-1
USC 5103 AND UCC 9-105

10710003015 27148616810

CHECK DATE	PAYEE	CHECK AMOUNT

CHECK DATE	PAYEE	CHECK AMOUNT



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/17/2020	202010702506	SERVICE MARK REGISTRATION (SMO)	125.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

THE FEDERAL RESERVE BANK OF FITE & CO. HOLDINGS
180 EAST BROAD STREET
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose

4461013

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
**THE SEAL OF THE FEDERAL RESERVE BANK OF FITE & CO. HOLDINGS CONTAINS 50 STARS TO
REPRESENT THE 50 SEVERAL STATES; THE BALD EA**
and, that said business records show the filing and recording of:

Document(s)

SERVICE MARK REGISTRATION

Effective Date: 04/16/2020

Document No(s):

202010702506

Class

36

Registrant's State of Inc.: OH

THE FEDERAL RESERVE BANK OF FITE & CO. HOLDINGS
180 EAST BROAD STREET
COLUMBUS, OH 43215

Date of First Use: 10/04/2020

Date of First Use in Ohio: 10/04/2020

Expiration Date: 04/16/2030



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
17th day of April, A.D. 2020.

Ohio Secretary of State

Form 555 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Trademark and Service Mark Application

Filing Fee \$125.00

(174-TSMO)

Form Must Be Typed

Name of Applicant THE FEDERAL RESERVE BANK OF FITE & CO. HOLDINGS

If the applicant is a corporation, partnership, limited partnership or limited liability company, please provide the jurisdiction of formation.

Jurisdiction of Formation

Ohio

If the applicant is a partnership or limited partnership, please provide the names of all general partners:

Name(s)

Business address of applicant.

Mailing Address 180 EAST BROAD STREET

City COLUMBUS

State Ohio

ZIP Code 43215

Describe the mark. The description you provide is the way the mark will be recorded on our database.

THE SEAL OF THE FEDERAL RESERVE BANK OF FITE & CO. HOLDINGS CONTAINS 50 STARS TO REPRESENT THE 50 SEVERAL STATES; THE BALD EAGLE, THE SYMBOL OF THE FEDERAL RESERVE BANK OF FITE & CO. HOLDINGS; A SHIELD WITH 13 STRIPES TO REPRESENT THE ORIGINAL 13 COLONIES OF THE UNITED STATES AND THE NATIONAL VIRTUAL LEASEHOLD INTERESTS OF THIS MARK AND 12 STARS TO REPRESENT THE 12 DISTRICT FEDERAL RESERVE MEMBER BRANCH BANK AFFILIATES OF THIS MARK; THE OLIVE BRANCH (LEFT) TO REPRESENT PEACE AND TRANQUILITY; AND THE OAK BRANCH (RIGHT) TO REPRESENT CONFIDENCE AND STRENGTH OF THE NEW MONEY SYSTEM OF THE FEDERAL RESERVE BANK OF FITE & CO. HOLDINGS.

Describe mode or manner in which the mark is used on or in connection with the goods or services.

THE SEAL OF THE FEDERAL RESERVE BANK OF FITE & CO. HOLDINGS WILL BE USED ON VARIOUS BUILDING(S), STRUCTURE(S) AND ANNEX(ES) ACQUIRED UNDER THIS MARK.

The class in which the goods or services fall (see list following form.) Class 36. Insurance and Finance Services

Describe the goods or services used in connection with the mark.

WAREHOUSING OF THE NATIONAL PRODUCT OF FEDERAL RESERVE NOTES.

The mark has been used in business by the applicant (or predecessor) since

04/10/2020

Date (MM/DD/YYYY)

and used in Ohio since

04/10/2020

Date (MM/DD/YYYY)

The applicant is the owner of the mark, the mark is in use, and to the knowledge of the person verifying the application, no other person has the right to use the mark in Ohio either in the identical form of the mark, or in near resemblance to the mark, as to be likely, when used on or in connection with the goods or services of another person, to cause confusion or mistake or to deceive.

To the knowledge of the person verifying the application, no other person has a registration or a pending intent to use application of the same or a confusingly similar mark in the United States Patent and Trademark office for the same or similar goods or services.

Applicant is the owner **OR** Applicant is NOT the owner of a concurrent registration in the United States Patent and Trademark office of the applicant's mark covering an area including Ohio.

A specimen of the mark which shows the mark in use is attached to the application.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by the applicant or an authorized representative of the applicant.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM
--

Signature

CHRISTOPHER ERIC FITE LLC (371559)

By (if applicable)

CHRISTOPHER ERIC FITE LLC (371559)

Print Name

JPMORGAN CHASE BANK, NATIONAL ASSOCIATION (2118141)

Signature

CHRISTOPHER ERIC FITE LLC (3888559)

By (if applicable)

CHRISTOPHER ERIC FITE LLC (3888559)

Print Name